

IOWA BOARD OF NURSING

In RE: Petition for)	Declaratory Ruling No. 75
Declaratory Ruling Filed By:)	
Betty Sullivan, R.N.)	RN Employed in the Dialysis
May 16, 1995)	Unit Replacing the Anchoring
)	Suture of the Central Line
)	Catheter

A petition for declaratory ruling was filed with the Iowa Board of Nursing by Betty Sullivan, R.N., Manager-Renal Services, Trinity Regional Hospital, Fort Dodge, Iowa on May 16, 1995.

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order of the agency" pursuant to Iowa Code § 17A.9 (1995). See also 655 IAC 9.

The question presented in the petition is:

In the hemodialysis setting, may the registered nurse replace the anchoring suture of the central line catheter?

Facts leading to this request are as follows:

Access to the client's circulation for hemodialysis is achieved by a double lumen subclavian catheter. A double subclavian catheter is approximately 7½ inches in length, molded to a Y connector. Insertion is a minor surgical procedure done by a surgeon under local anesthetic usually in the emergency room. The catheter is inserted into either the right or left subclavical space into the subclavian vein; then secured by a suture and covered with a transparent dressing. This creates an access for Hemodialysis to maintain fluid and electrolyte balance. It provides a simultaneous arterial pull and venous

return. The subclavian is intended for use as a temporary or short term vascular access. The "life span" of the subclavian catheter depends on proper placement, good blood flow rates, absence of infection and prevention of clotting or creation of a permanent access.

Hemodialysis is performed as an outpatient procedure lasting three to four hours. During this time, the physician is not present. It is not uncommon for the anchoring suture (a stitch which has been placed through the stabilizing flaps into the subcutaneous tissue) to become dislodged. The suture needs to be replaced to maintain integrity of the access. Potential complications of a disengaged suture are displacement, dislodgement, an emboli, or hemorrhage. Often the physician is not present or is not available when the loss of the anchoring stitch is identified. In this case the client must wait for the physician to be available or be transferred to another facility for replacement of the stitch.

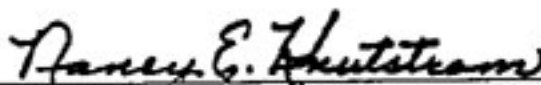
In some states it is common practice and/or the board of nursing has issued an opinion that it is within the scope of practice for the registered nurse to place a suture to anchor a gastrostomy tube or an intravenous line.

Susan Vogel, MHA, RN, CNN, hemodialysis special interest group chairperson of the American Nephrology Nurses' Association, states that resuturing of dual lumen catheters, by competently trained personnel, could only be of benefit to the dialysis client.

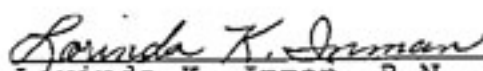
Rationale

The Board agrees that resuturing of dual lumen catheters by the competently trained registered nurse employed as a dialysis nurse at Trinity Regional Medical Center is of benefit to the client and that such activity by the registered nurse may prevent the complications of air embolism, hemorrhage, infection, and the loss of the ability to dialyze. Therefore, the Board considers replacing the anchoring suture of a central line catheter by the registered nurse employed in a dialysis unit to be within the scope of practice when:

1. There is radiographic confirmation on file that the dual lumen catheter was properly placed at the time of insertion.
2. The registered nurse has completed an appropriate education program including theory and psychomotor techniques.
3. The competency of the registered nurse is verified and documentation of competency is contained in the personnel file of the registered nurse.
4. The institution has a written policy and a detailed procedure identifying that it is acceptable practice in the facility.
5. The procedure has been prescribed by the physician by a verbal or written order.


Nancy E. Knutstrom, R.N., M.S., Ed.
Chairperson
Iowa Board of Nursing

June 8, 1995
Date


Lorinda K. Inman, R.N., M.S.N.
Executive Director
Iowa Board of Nursing

June 8, 1995
Date